

**INSTRUCTIONS FOR COMPLETING THE
CHILD AND ADULT CARE FOOD PROGRAM
APPLICATION FOR PARTICIPATING SPONSORS OF CENTERS**

The application is available on the website for Child and Adult Nutrition Services (CANS) at <http://doe.sd.gov/oess/cans/cacfp/applications.asp>. If you have computer Internet access, you can download the document and complete it on the computer or print it out and complete it by hand. The document needs to be submitted by mail with an original signature.

Read and follow these instructions carefully. Approval of applications for the nutrition programs is a lengthy process. Your cooperation in submitting them with accuracy will be sincerely appreciated. Please feel free to contact our office with any questions you may have.

The application consists of three parts to be completed and returned with appropriate attachments, along with the letter to parents (two pages), application for free and reduced price meals (two pages), and if a pricing program, the notification letter. One copy of each application part and attachments is to be completed with original signatures and returned to the CANS office. A copy of the approved application packet and an approval letter from the South Dakota Department of Education, Child and Adult Nutrition Services, will be sent to you after it has been determined that the information meets all guidelines and regulations. The narrative (parts 4 and 6) and the regulations, along with policies, instructions, and policy manuals govern the program.

The approved Parts 1, 2, 3, and attachments, as well as the narratives in Parts 4 - 6 are to be kept at the Local Agency for 3 years past the last year of usage, at a minimum. Agreements are approved for three years and renewed annually during the two years in between agreements. For example, if the "base year" agreement (2007-2008) were renewed annually for 2 years (through 2010), Parts 2 - 3 would need to be kept on file for 3 years past 2010 because these parts are approved for three years and only updated in the two renewal years. Agencies that begin Program operation in years after 2007-2008 may not have two renewal years before another base year application is collected.

Complete Parts 1, 2, and 3, sign them as needed, and return them with appropriate attachments. Again, please do not hesitate to contact our office at (605) 773-3413 with any questions as you complete this application packet.

Applications should be submitted to:

Child and Adult Nutrition Services - DOE
800 Governors Drive
Pierre, SD 57501-2235

Claims and Audits should be submitted to:

Finance & Management Services - DOE
700 Governors Drive
Pierre, SD 57501-2291

Again, review of information and approval of the application is a lengthy process. During this time the State must secure and approve your materials if changed from the prototypes in Policy Statement Attachments. If you deviate from any of the attachments (letter to parents, application form, etc.), you must secure written approval from Child and Adult Nutrition Services personnel prior to releasing them for distribution.

Part 1 – Combined Application –

All agencies complete and return only one copy of part 1, regardless of how many programs the agency operates. This section has general information about all programs. If the center is sponsored by a school, tribe, or agency that already participates in a Special Nutrition Program, the Part 1 that is already on file for the school, tribe, or agency should be amended to include the new information. Do not complete a separate Part 1 for this new Program.

A. Local Agency Data

1. Provide the addresses and phone numbers for the local agency. The Local Agency Number is the same as the one on last year's approved application. The number remains the same across all of the Special Nutrition Programs. The first address will be used for mail for the authorized representatives for all programs the agency operates unless different names and addresses are designated on Section E on page 2 for the different Programs. The second address requested is one for package delivery. This applies to agencies that use a P.O. Box for their mail or those that desire packages to be delivered to a different address. A street address is required for packages sent through package delivery services.
2. Indicate which of the listed items apply to the agency status. Include any required attachments.

B. Programs

Mark which program(s) the local agency is applying to operate. The Snack After School is a meal in the National School Lunch Program (NSLP) or Child and Adult Care Food Program (CACFP), not a program of its own. Appropriate sections will be mailed to agencies that desire to participate in the Summer Food Service Program (SFSP) in the spring. Marking the box at this time indicates a desire to participate in the program, but program participation cannot be approved without SFSP parts 2 and 3.

C. Meal/Milk Count Method

It is imperative that all agencies maintain a reliable method for taking meal counts each day at each meal service. There are many acceptable methods for completing meal counts. Check whether point-of-service is used or an alternate method will be used.

Point-of-service means that there is a point in the food service operation where a determination can accurately be made that a reimbursable free, reduced-price, or paid meal, or free or paid milk has been served to an eligible child. This is traditionally at the end of the serving line.

Alternate systems mean the count is taken in a different manner. A few examples include: 1) the meals are served family style and the names of children are checked on the roster immediately after they have been served. 2) Tickets are taken or roster is checked off at the beginning of the meal service line and the last person in the line makes sure that all children have the right number of food items on their trays. 3) Children are seated and their individual meals are brought to them. The names of children are checked on the roster immediately after they have been served.

Provide additional information to describe any alternate systems used by each site in the Local Agency. The CANS office must approve any alternate systems.

Also, indicate if your system of meal counts is taken manually or if the meal counts are generated by computer software (based on attendance). If computer software is used you must report the name of the software program.

D. Production Records

Production records must be maintained for all special nutrition programs, except the Special Milk Program and in day care homes. A prototype has been provided by the State Agency (CANS) for each program. If that prototype is used, check that box. If the local agency has developed its own production record or is using one from a company (such as a computerized method), check the alternate form box and include a completed sample of what is used. If infant meals are claimed, also provide a copy of a completed infant production record form if not using the prototype form. Prototype production record forms are available from the CANS office.

E. Personnel

This item requests information for personnel for all programs. Sometimes the same person is responsible for all areas of all programs. If that is the case, it is not necessary to complete the information over and over again. Just write "same" on the top line of that section. The names of the Programs are in the columns and the information being requested relative to each program is listed in the rows on the left. CACFP applicants should use the second Program column.

Authorized Representative is the person designated and authorized by the governing board to enter into contracts on behalf of the local agency and must be administratively responsible to Child and Adult Nutrition Services for all administration and operation terms of the Special Nutrition Programs. Include an extension number for the telephone if that type of system is utilized. A separate fax number can also be listed. Sometimes one person in an agency is the authorized representative and signs the agreement, but chooses to designate someone else in the agency to receive correspondence from this office. It is the agency's responsibility to make sure information is appropriately shared.

Claim Representative is the person responsible for completing the claims for reimbursement and the person to be contacted in case of questions regarding the claim. The mailing address for the claim representative should be listed if it is different than that of the local agency or authorized representative. Include a telephone extension number, if appropriate. A separate fax number can also be listed.

Food Service Director is the person responsible for food service/nutrition program operations at the local agency. A separate mailing address for the food service director can be listed, if needed. Include a telephone extension number, if appropriate. A separate fax number can also be listed.

Commodity Delivery Address is the physical address where the commodities will be delivered if the agency receives commodities. Commodities are not available for Child & Adult Care Food Program agencies so this section does not need to be completed for this Program. CACFP agencies receive a cash-in-lieu rate to be able to purchase product that is more readily usable for small groups.

F. Site Summary

This section asks for the name of each attendance center and some relative information in regard to that center. Each attendance center should be listed, whether or not they are all in the same building. The city is needed to help identify the site. The type of center varies by program. See site types below and on next page.

CHILD AND ADULT CARE FOOD PROGRAM

ADCC – Adult Day Care Center

ASC – After School Care

CC – Child Care Center

CCCH – Child Care Center – Head Start & Early Head Start

CCCO – Child Care Center – For Profit Center

DCH – Day Care Home

ES – Emergency Shelter

GFDCH – Group Family Day Care Home

OSH – Outside School Hours

SPECIAL MILK ONLY

NPN – Nonprofit Nursery

SC – Summer Camp

ELSCH – Elementary School

MSCH – Middle School

JHSCH – Junior High School

SHSCH – Senior High School

PSCH – Pre School

SH – Settlement House

SVCI – Service Institution

RCCI – Residential Child Care Institution

SUMMER FOOD SERVICE PROGRAM

CAMP – Residential Camp

ENRL – Enrolled Site

MIGR – Migrant

NRC – Nonresidential Camp

NYSP – National Youth Sports Program

OPEN – Needy Area

NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST

RCCI – Residential Child Care Institution

ELSCH – Elementary School

MSCH – Middle School

JHSCH – Junior High School

PSCH – Pre School

SHSCH – Senior High School

UNSCH – Un-graded School

The columns on the left list the various programs in which a site can participate. CACFP applicants should complete the CACFP rows (2nd section from the bottom).

Begin Date – list the beginning date of program operations in the federal fiscal year. The application covers the federal fiscal year of October 1 through September 30. If the local agency operates year round, the begin date should be listed as October 1st or a later date the agency would like to begin Program operations at the site.

End Date – list the end date of program operations in the federal fiscal year. The application covers the federal fiscal year of October 1 through September 30. If the local agency operates year round, the end date should be listed as September 30th.

Operating Days per Week – Circle the days of the week that the attendance center is open.

Total Number of Operating Days – Indicate the number of days the attendance center intends to operate in this program year (October 1st through September 30th).

G. Contracts

Circle Yes or No for each question. On the lines below, list any contracts that were answered with a "yes" and attach a copy of that contract for approval. CANS staff must approval all contracts.

H. Attachments

Include copies of required documentation and check which documents are attached. Local Agencies that are private or public nonprofit must provide proof of their tax-exempt status under section 501(c)3 of the amended IRS code.

I. Authority

The authority for program operation is provided in Section I.

J. Assurances

This section provides assurances that the program will be operated according to program requirements, that the agency has not been suspended or debarred.

Part 2 – Child and Adult Care Food Program Application –

A. Local Agency Information

1. Fill in the Local Agency name and the Local Agency number. Child and Adult Nutrition Services (CANS) assigns this number (see last year's approved application).
2. **Production Records** – Indicate the number of new Menu Production Record books that are needed for the upcoming program year. If no books are needed write "0" on the line. A maximum of one book per site (building) is allowed. If infant meals are claimed for reimbursement, the infant meal patterns must be followed and infant menu production record forms must be maintained for each infant meal claimed for reimbursement. Prototype infant production record forms are available upon request from the State Agency though not in bulk. The agency will need to make copies of the infant production record form as needed.
3. **Contracts** – All contracts must be listed here, a copy of each contract must be included with the application, and each contract must be approved by the State Agency. A sample Food Service Management Company Contract with bidding procedures is available from the State Agency on request. A prototype agreement between a school and a center can also be requested if the agency wishes to purchase meals from a school.
4. **Payment Procedures** – This section only needs to be completed by agencies that are pricing programs. If there is a separate fee charged to families for the meals served, the agency is considered a pricing program. Explain the procedures that will be used to distribute notices of payments, collection of payments, and how the anonymity of participants who receive free or reduced price meals will be protected.
5. **Hearing Officials** – This section only needs to be completed by agencies that are pricing programs. Enter the names and titles of the two different officials. The first name is the person who will determine the eligibility of applicants for free and reduced price meals and the second name is the person who will hear any appeals made by participants if they disagree with the original determination. The hearing official should rank higher than or be independent of the determining official.
6. **Attachments** – Indicate the applicable attachments that will be included with the renewal application. See the bold print behind each bullet to determine if this is an attachment that must be included. Note that some are required for all agencies, others are only required if applicable.

B. Management Plan

1. **Training** – It is the responsibility of the local agency to ensure that all key staff at the agency receive annual training specific to the CACFP duties they perform. This training requirement can be met by: a) the local agency providing annual training (provided that there are experienced staff who are qualified to provide the training); b) attendance at the state agency workshops (Basic Training and CACFP Plus! workshops cover all required topics); c) viewing CACFP training videos available to be checked-out from the state agency (Basic Training workshop is available on video). Failure to participate in annual training is considered a serious deficiency.
 - a. **Training Plan** –Complete the chart to indicate the training plan for the agency for the upcoming program year (October 1, 2007 through September 30, 2008). If the agency does not care for infants, the infant feeding topic does not need to be covered.

- b. **Annual Training** – Annual training is required for all key staff. Describe the measures that are taken by the local agency to ensure that all key staff participate in annual training.
2. **Monitoring** – Each site sponsored by the local agency must be monitored at least three times each year, including one review during the first four weeks of program operation. These reviews cannot be more than six months apart. At least two of these reviews must be unannounced (the site can not be notified in advance of the review). At least one unannounced review must include the observation of a meal service. If a serious deficiency is noted during any review, the next review **must be** unannounced.
- a. **Monitoring Schedule** – Complete the chart on the application to reflect the monitoring schedule for each site. If the agency sponsors more than 10 sites copy this chart as needed prior to completing the form. Note that the local agency is responsible for monitoring each meal type approved (including breakfasts and supper) at each site.
- b. Describe the steps that are taken to make sure that the monitoring plan is followed. This should include things like putting the dates on a calendar or in a daily planner, assigning the duties to specific individuals, naming one person to be responsible for making sure the reviews are completed, etc.
- c. For Sponsors of 25 or more Centers/Sites: Regulations require that a specific number of full-time equivalent (FTE) staff are assigned to monitoring duties. Each sponsoring organization needs to report how many FTEs are assigned to monitoring duties. The maximum range of centers per FTE is 1 FTE per 25-150 centers. The regulations also require that job descriptions be reviewed for all monitoring staff. Provide a copy of all job descriptions that apply to staff assigned to monitoring duties.
- d. All centers/sites must be notified annually of the local agency's unannounced review policy. This notice must include: 1) that unannounced reviews will be made only during the facility's normal business hours and 2) that photo identification will be provided by the person completing the review which demonstrates that they are employees of the sponsoring organization. Provide written notice to each site and provide the CANS office with a copy of that written notification. Sample notices are available upon request from the CANS office.
- e. Send a copy of the form to be completed when conducting a review (a sample monitoring form is available from the State Agency which includes all of the required review items). A system must be in place to identify and address "problem" areas. The system must allow for these areas to be documented and corrected. Subsequent reviews must include a follow-up review of areas addressed as problems in previous reviews to make sure problems are corrected on a permanent basis.
- f. Any observed problems that would result in non-reimbursable meals (incomplete meals served to participants, meals that do not meet meal pattern requirements, meal counts for previous meals not completed at the time of the review [meal counts not taken at time of meal service results in a meal being disallowed], etc) would result in the disallowance of that/those meal(s). Provide an explanation of the local agency's process/procedure for disallowance of meals by explaining how the personnel responsible for the claims will be notified of any disallowed meal(s) so they are not claimed for reimbursement.

3. Record Collection

- a. **Child Records** – Records must be kept on file for three years beyond the year to which they pertain. On the chart provided, indicate the local agency's system for collecting and filing each of the forms listed.

- b. **Record Review** – Indicate how each of the records that are collected are reviewed to make sure that Program requirements (meal patterns, meal counts, eligibility for free or reduced price meals, etc.) are met. The following is a summary of the minimum information that **must be included** in the descriptions provided by the agency on the application.

Free and Reduced Price Meal Applications – After these records are collected they must be reviewed to make sure that the following information is completed: 1) all family members are listed, 2) a case number is provided for an “eligible” program (Food Stamps, TANF, or FDPIR) or the income of each family member is provided, 3) there is an adult household member signature on the form, and 4) there is a social security number for that household member (or the box is checked stating that they do not have a social security number).

Enrollment Forms – After these records are collected they must be reviewed to make sure that the following information is completed: 1) each child’s full name is listed, 2) each child’s date of birth is listed, 3) the normal hours are listed, 4) the normal days of care are listed, 5) the normal meals eaten while in care are listed, and 6) a parent’s signature is on the form. These forms must be reviewed (and updated, as needed) by the parents on an annual basis.

Meal Count Records – After these records are collected they must be reviewed to make sure that the following information is completed: 1) the full name of each child is listed on the form, 2) the meal counts have been completed daily, 3) the meal counts are not done in advance, and that 4) attendance records support that the children were in attendance for all of the meals that were claimed.

Time In / Time Out Records – After these records are collected they must be reviewed to make sure that the following information is completed: 1) the full name of each child is listed, and 2) the actual time in and time out are recorded for each child on a daily basis.

Menus – After menus are planned and before they are served, they must be reviewed to make sure that: 1) the CACFP meal patterns are followed for all meals and 2) the menus are nutritious (variety, limit sweets to not more than two times per week, etc.).

Menu Substitutions – If substitutions need to be made on the planned menus the substitutions need to be reviewed before the meals are claimed to make sure that any substitutions that were made were appropriate substitutions (i.e. the meal or snack is still reimbursable).

Accounting Records – All records of costs must be reviewed to ensure that: 1) all costs are “allowable” costs, 2) all receipts are itemized and dated, and 3) a nonprofit food service is operated (i.e. all CACFP monies are spent on CACFP costs).

4. Reimbursement

- a. If each site is responsible for paying its own food bills, checks must be distributed to each site within five working days of receipt from the State Agency. Reimbursement for a facility cannot exceed the number of CACFP meals claimed for that facility by the sponsoring organization. If the Local Agency pays all the bills for each site, indicate that specifically in writing.
- b. If the agency ever withholds funds from sponsored centers, there needs to be a specific policy and procedure for doing so. Indicate what those policies and procedures are. If the Local Agency pays all the bills for each site, indicate that specifically in writing.

- c. Provide name(s) and title(s) as described. If the Local Agency pays all the food costs, this question does not apply.
- d. Provide name(s) and title(s) as described. If the Local Agency pays all the food costs, this question does not apply.

5. Program Oversight

- a. If the agency is a sponsor of centers, then the local agency must have written policies and procedures in place to make sure that the local agency is in compliance with civil rights and other Program requirements. New agencies must provide a copy of the policies and procedures that are in place. Prototype policies are available from the CANS office upon request.
- b. If the agency is a sponsor of centers, then the local agency must have a financial system with management controls specified in writing. These written policies must assure 1) fiscal integrity and accountability for all funds and property received, held, and disbursed; 2) the integrity and accountability for all expenses incurred; 3) that claims will be processed in a timely manner; 4) that funds and property are properly safeguarded and used, and expenses incurred for authorized Program purposes; and 5) that a system of safeguards and controls is in place to prevent and detect improper financial activities by employees. New agencies must provide a copy of these policies and procedures. Prototype policies are available from the CANS office upon request.
- c. If the agency is a sponsoring organization of centers then the local agency must have an outside employment policy in place. New agencies must send a copy of the local agency's outside employment policy. Prototype policies are available from the CANS office upon request.
- d. All agencies are required to provide basic CACFP information to families of enrolled children at the time of application and to all families at the time of enrollment after initial application. A Building for the Future flyer (which meets this program requirement) is available from the CANS office upon request. New agencies must submit the form that will be used to distribute basic CACFP information.

- 6. Recruitment Practices** – The local agency must be able to demonstrate that it will use appropriate recruitment practices consistent with regulatory requirements found at 226.6(p). This would mean that the local agency may not make overtures to centers that are sponsored by a different local agency for the purpose of expanding the number of sites under the local agency's sponsorship. Most agencies sponsor sites that are owned by the local agency (affiliated) so this recruitment does not take place. If that is the case for the agency, indicate that specifically on the application. If the local agency does have a practice of recruiting new sites, the local agency must submit a copy of their recruitment policies and procedures for review. Prototype policies are available upon request.
- 7. Delivery of Benefits** – Sponsoring organizations must be able to show that the participation of the local agency in the program will allow participants to benefit from the program that otherwise would not have access to the program. Again, if the local agency owns all of the sites under its sponsorship this should be specifically stated on the application. If not, describe or provide documentation of how the participation of the local agency will make the CACFP accessible to otherwise un-served participants.

C. Board of Directors

All private and public, nonprofit agencies are required to have a board of directors and must provide the information as requested in questions 1-6. The board should meet regularly. Board members should be informed of the local agency's participation in the CACFP and the specific requirements and regulations related to the operation of the CACFP. They will be held liable, in addition to the local agency, should the agency be found to be seriously deficient in the operations of the CACFP. The chart on Attachment F in Part 6 must include all responsible principals and individuals. We will maintain this information confidentially unless such actions occur on the part of the local agency or any board member that requires termination for cause, at which time, we must provide this information to USDA for placement on the National Disqualified List.

D. Publicly Funded Programs

Provide the information as requested. Publicly funded programs are programs in which the local agency or any of its principals participated in (or received funding from) that come from public (city, state, federal) funds. If the local agency or any principal has been disallowed from participation in any of these programs, the reason **must be** listed. Providing fraudulent information in this section may result in termination from the CACFP and/or prosecution.

E. Institution Principals

We moved this part of the application to the attachments sections of the application packet to enable our office to better protect the confidentiality of the information. Refer to, complete, and return Attachment F in Part 6 of the application packet.

F. Finance Section

1. **Audit** – If the agency received and spent over \$500,000 in federal financial assistance in the prior fiscal year an A133 audit is required. Indicate the date of the last financial audit and the firm doing the audit. If the agency did not receive and expend over \$500,000 in federal financial assistance, the agency is exempt from audit. Mark the appropriate box and complete this section if an audit is required.
2. **Pricing Programs** – This question only needs to be answered by pricing programs. If the center charges a separate fee for meals, the local agency is a pricing program. Indicate the amount that is charged for the meals. It is not allowable to charge any fees for meals to families who qualify for free meals. The maximum fee that may be charged to families who qualify for reduced price meals are: breakfast = \$.30, lunch or supper = \$.40, and snacks = \$.15. There are no limits to the fees that are charged to adults or to families who do not qualify for free or reduced price meals. Record the fees charged for each meal type. If no fee is charged for a specific meal, write "0" on those lines.
3. **Related Party Transactions** – To protect the integrity of the federal funds received from the Child and Adult Care Food Program all related party transactions must be reported at the time of application. Provide specific information, as requested on the application.
4. **Sources of Income** – Every agency must be able to document that it is financially viable. The amount of reimbursement from the meals served is not intended to be a total reimbursement for all food service costs. Therefore, it is necessary to ensure that other sources of income are available to the center to cover all food service costs. These monies may come from day care fees, grants, etc. If there are any foreseen changes in the level, function, and/or nature of funding sources, indicate any impact the change will have on the local agency.
5. **Resources Available** – Provide the information as requested. This information helps the state agency to determine the financial viability of the agency as is required.

- 6. Repayment of Overclaims** – Provide the information as requested. Again, this information helps the state agency to determine the financial viability of the agency as is required.
- 7. Resource Allocation for Monitoring Duties** – The state agency has the responsibility of ensuring that the local agency is allocating sufficient resources to the monitoring duties. All costs related to monitoring. This would include items such as salaries, supplies, mileage, meals, lodging, etc. When calculating the salaries, make sure to only include the time spent on monitoring duties. These duties would include conducting the actual reviews and all travel involved for the reviews, any correspondence with the site in relation to the findings on the review, etc.
- 8. Annual Budget** – The following worksheet is a means of determining the approximate amount of reimbursement (CACFP funds) that will be received. Complete the worksheet using approximate average daily participation (ADP) for each meal (according to the estimated number of free, reduced and paid participants participating). Take that number times the actual number of serving days (as provided in Part 1 Combined Application Section F. Site Summary). This will give you the number of meals per year. Take the number of meals times the current rates of reimbursement to get the amount of reimbursement for that meal type according to the eligibility categories. Current rates of reimbursement are updated each year in July and are available on the new claim forms or upon request from the state agency. The reimbursement column should be added for each meal type. The totals from each meal type should be added together to determine the total anticipated CACFP meal reimbursement.

| | | | | | | | | | | |
|--|---------|-----------------|---|-----------------|---|-----------------|---|---------------|---|-----------------|
| <u>Breakfast:</u> | Free | <u> </u> | X | <u> </u> | = | <u> </u> | X | <u>\$1.31</u> | = | <u> </u> |
| | | ADP | | DAYS | | MEALS | | RATE | | REIMBURSEMENT |
| | Reduced | <u> </u> | X | <u> </u> | = | <u> </u> | X | <u>\$1.01</u> | = | <u> </u> |
| | | ADP | | DAYS | | MEALS | | RATE | | REIMBURSEMENT |
| | Paid | <u> </u> | X | <u> </u> | = | <u> </u> | X | <u>\$.24</u> | = | <u> </u> |
| | | ADP | | DAYS | | MEALS | | RATE | | REIMBURSEMENT |
| Total Breakfast Reimbursement = <u> </u> | | | | | | | | | | |

| | | | | | | | | | | |
|--|-----------------------------|-----------------|---|-----------------|---|-----------------|---|----------------|---|-----------------|
| <u>Lunch:</u> | Free | <u> </u> | X | <u> </u> | = | <u> </u> | X | <u>\$2.40</u> | = | <u> </u> |
| | | ADP | | DAYS | | MEALS | | RATE | | REIMBURSEMENT |
| | Reduced | <u> </u> | X | <u> </u> | = | <u> </u> | X | <u>\$2.00</u> | = | <u> </u> |
| | | ADP | | DAYS | | MEALS | | RATE | | REIMBURSEMENT |
| | Paid | <u> </u> | X | <u> </u> | = | <u> </u> | X | <u>\$.23</u> | = | <u> </u> |
| | | ADP | | DAYS | | MEALS | | RATE | | REIMBURSEMENT |
| | Cash in Lieu of Commodities | | | | | <u> </u> | X | <u>\$.175</u> | = | <u> </u> |
| | | | | | | MEALS | | RATE | | REIMBURSEMENT |
| Total Lunch Reimbursement = <u> </u> | | | | | | | | | | |

Supplements: Free $\frac{\text{ADP}}{\text{DAYS}} \times \frac{\text{MEALS}}{\text{RATE}} = \text{REIMBURSEMENT}$ $\frac{\$.65}{\text{RATE}}$

Reduced $\frac{\text{ADP}}{\text{DAYS}} \times \frac{\text{MEALS}}{\text{RATE}} = \text{REIMBURSEMENT}$ $\frac{\$.32}{\text{RATE}}$

Paid $\frac{\text{ADP}}{\text{DAYS}} \times \frac{\text{MEALS}}{\text{RATE}} = \text{REIMBURSEMENT}$ $\frac{\$.06}{\text{RATE}}$

Total Supplement (Snack) Reimbursement = _____

Supper: Free $\frac{\text{ADP}}{\text{DAYS}} \times \frac{\text{MEALS}}{\text{RATE}} = \text{REIMBURSEMENT}$ $\frac{\$ 2.40}{\text{RATE}}$

Reduced $\frac{\text{ADP}}{\text{DAYS}} \times \frac{\text{MEALS}}{\text{RATE}} = \text{REIMBURSEMENT}$ $\frac{\$ 2.00}{\text{RATE}}$

Paid $\frac{\text{ADP}}{\text{DAYS}} \times \frac{\text{MEALS}}{\text{RATE}} = \text{REIMBURSEMENT}$ $\frac{\$.23}{\text{RATE}}$

Cash in Lieu of Commodities $\frac{\text{MEALS}}{\text{RATE}} = \text{REIMBURSEMENT}$ $\frac{\$.175}{\text{RATE}}$

Total Supper Reimbursement = _____

Total Breakfast Reimbursement _____

+ Total Lunch Reimbursement _____

+ Total Supplements Reimbursement _____

+ Total Supper Reimbursement _____

= Anticipated Reimbursement from the CACFP _____

Budget Worksheet – Complete the budget worksheet to determine the expenses that will be paid using CACFP funds. Once the agency has documented that all CACFP reimbursement is spent on CACFP expenses a nonprofit food service operation has been documented and the budget is considered complete. Should any changes need to be made to the approved budget, the local agency should make those changes, highlight the changes, and submit a highlighted copy to the CANS office with a cover letter explaining the need for the amendments. The CANS office must approve all amendments to the budget.

- A. Food for the CACFP** – Determine or estimate the average monthly cost of food and multiply by 12 months. Include food expenditures for all sites. STOP here if this equals or exceeds the Anticipated Reimbursement.
- B. Non-food for the CACFP** – Non-food includes napkins, dishwashing detergent, disposable plates, cups, or utensils, etc., used for food service. Estimate the cost for the budget period as above. STOP here if the cost of food plus the cost of non-food equals or exceeds the Anticipated Reimbursement.

The following expenditures may be approved, if appropriate, for the local agency. **Include these expenses only if the Anticipated Reimbursement has not been allocated.** Not all lines must be completed on the budget form. As noted on the budget form some items require prior approval or specific prior written approval from the Child and Adult Nutrition Services (CANS) office. The local agency budget will be limited in that no more than 15% of total reimbursement may be spent on administrative expenses.

- C. Salaries** – Prorate any salaries charged to the CACFP based on time and task logs. Fringe benefits include employer's matching portion of FICA, unemployment, worker's compensation, insurance, etc.
- D. Office Costs** – Prorate the portion of the office costs applicable to the CACFP. Document the method for prorating all application office costs included in the budget. Attach separate documentation as needed. Rental costs, office equipment purchases or leases, and computer purchases must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- E. Utilities** – Prorate the portion of the utility costs applicable to the CACFP. Document the method of prorating all utilities costs included in the budget. Attach separate documentation as needed.
- F. Equipment for Food Service** – Equipment includes expenditures for repairs to existing food service equipment, equipment replacement, or additions.
- G. Contractual Services** – Prorate to determine the portion of the contractual service costs applicable to the CACFP. Document the method of prorating for all applicable costs included in the budget. Attach separate documentation as needed. Contracts of this sort must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- H. Travel** – Determine or estimate the costs involved for travel to attend training, etc for the CACFP. Indicate the cents per mile for mileage costs. Travel expenses require prior approval from the State agency. If the agency wishes to use CACFP funds to pay for any part of the costs involved in a workshop that is not solely for the purpose of the CACFP the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- I. Other** – Specify any other costs directly attributable to the food service program. Attach written justification for the cost.

G. Certificate of Authority

If the Authorized Representative is the Board President, CEO, Owner, or Tribal Chair of the Local Agency, no signatures are needed. If the Authorized Representative is someone other than the Board President, CEO, Owner, or Tribal Chair, an agency official must grant authorization to the Authorized Representative to be administratively responsible to Child and Adult Nutrition Services for the administration and operation of the CACFP. By signing this section, authorization is granted to the individual to administer the program.

H. Assurance Statement

This section must be signed by the Authorized Representative (as listed in Section E of Part 1 – Combined Application) and as designated in section G above. This section provides assurances that the program will be operated according to program requirements and that the local agency or its principals have not been suspended or debarred.

Part 3 – Site Application Child and Adult Care Food Program

1. Enter the Local Agency name. The CANS office assigns the Local Agency number.
2. Enter the name of the site (center). The site name must be listed exactly the way it appears on the license.
3. Enter the physical address of the site (not a P.O. Box). If there is no street address, provide specific directions to arrive at the site starting at a major highway/interstate nearby.
4. Indicate the type of site. A nonprofit center has 501(c)3 status from the Internal Revenue Service. A Title XIX For Profit is a center whose participation is based on the number of participants who receive Medicaid funds (at least 25% of enrollment or licensed capacity). A Title XX For Profit is a center whose participation is based on the number of participants who receive child care assistance from the Department of Social Services (at least 25% of enrollment or licensed capacity). A F/RP For Profit is a center whose participation is based on the number of participants who qualify for free or reduced price meals (at least 25% of enrollment or licensed capacity).
5. Provide the name and title of the person who is the site supervisor and indicate if the person is a new person to the program. Provide the name and title of the person responsible for the food service at this site and indicate if the person is new to the program.
6. Indicate the method(s) that will be used to prepare meals for this site. Mark all that apply if more than one method is used. If more than one method is used, describe how and/or when each method is used. For preparation at the meal service location, meals are prepared on site at that center. For preparation at central kitchen, meals are prepared at a central site and delivered to this site for the meal service. For meals under contract with a food service management company, the center has a contract with a food service management company (college, restaurant, nursing home, hospital, etc). And, for meals under contract with local school system, a contract is in place with the local school to prepare the meals for the children at the center. If meals are prepared by a school or under a food service management contract, the agency must mark where the meals are served (at the center/site or at the school/location that prepares the meals). If there is a contract with any school or food service management company, a copy of the contract must be sent for approval.
7. Fill in the chart indicating meal times for each meal type and the estimated ADP. ADP is the Average Daily Participation or the average number served each day for each meal type. No more than two meals and one snack or two snacks and one meal may be claimed for each participant in any given day. More meals may be offered but the agency may only claim reimbursement for up to three meals (one of which must be a snack) for each child. All local agencies must allow a minimum of two hours between the beginnings of meal services.
8. Indicate if the center/site receives other Federal funds. If so, provide the name of the program (e.g. Head Start).
9. Indicate if the center is licensed/approved by Federal, State or local authority. If not, indicate if it is a Head Start or Early Head Start site. All agencies (except Head Start and Early Head Start sites) on the CACFP must be licensed to be approved for participation in the program.
10. Operating Data:
 - A. Circle the days the site is open.
 - B. List the hours of operation for this site.

- C. Indicate ages of participants the site is licensed for and the ages of participants meals will be claimed for. Note: 1) in child care, meals may not be claimed in the CACFP for participants over the age of 12 unless the participant(s) is/are functionally impaired or are children of migrant workers (up to age 15); and 2) in adult care, meals may not be claimed in the CACFP for participants under the age of 60 unless the participant(s) is/are functionally impaired.
 - D. Indicate the **estimated** number of participants eligible for free, reduced, and paid meals.
 - E. Check the method by which meals will be served. In unitized meals, each participant receives all food items at the same time on a plate/tray (going through a line, receiving the plate/tray from an adult, etc). In family style meals, the food is placed in containers on a table. Participants sit at the table and help themselves to the food items they want with adult encouragement to take the minimum amount required of each food item (and help, as needed).
 - F. All child care centers which provide care for infants must offer at least one choice of formula to the families of infants (even if the agency does not claim infant meals). Indicate the brand(s) of formula provided by the center. If the site does not care for infants, mark the appropriate box.
 - G. Indicate if the center cares for participants in shifts (just after school, just before school, etc.).
 - H. List any full weeks during the current Program year this center/site will not be open.
11. Provide specific information about the food service personnel at this site.
12. List the name of the local public school (i.e. if a family lived at the address of the site, where would the children attend school according to school boundary lines). In order to be eligible for this Snack After School meal, CACFP centers must be in a geographical area served by a school in which at least 50 percent or more of the children are eligible for free or reduced price meals. This will be verified by the State agency to determine the center's eligibility to participate in this at-risk program.

SNACK AFTER SCHOOL OPTION – Complete this section **ONLY** if the agency is planning to participate in this at risk program. This program is different from the regular PM snack served in child care facilities in that it targets children ages 6-18 that come to the center specifically for an after-school program.

- 13. Indicate if the local agency owns/operates the site in which the program will operate.
- 14. If the center is eligible, all children **must be** served snacks at no charge.
- 15. Snacks served to **only** the children enrolled in the after-school program may be claimed for reimbursement under this all-free option.
- 16. The primary purpose of the program **must be** to provide care in after-school setting.
- 17. Describe the activities as requested. Education and enrichment activities must be offered on a daily basis.
- 18. Activities must be structured and supervised.
- 19. The program must be open to all school age children, limited only by space, and/or security considerations, and/or licensing requirements?

20. Documentation of attendance must be maintained. This documentation must record the time in and time out for each child.
21. Indicate if the program will be operated on any non-school days, such as holidays and in-service days. Operation on non-school days is limited to during the school year only and does not include summer vacation.
22. Describe the method that will be used to record meal counts. By name meal counts must be taken and only meals that meet the snack pattern requirements are eligible to be claimed for reimbursement.
23. In CACFP, each site participating as a Snack After School care center must be reviewed at least two times each school year. At least one of these reviews must be made during the first four weeks of program operations at each site. Not more than six months may lapse between reviews. At least one of these reviews must be made without prior notice to the site. Provide the schedule for these reviews.

Part 4 – Child and Adult Care Food Program Agreement – Read this part carefully and keep it on file with the application. You do not need to return this part.

Part 5 – Does not apply to the Child and Adult Care Food Program.

Part 6 – Policy Statement and Attachments for the Child and Adult Care Food Program

The pricing policy statement (pricing or non-pricing) is permanent unless the agency contacts Child and Adult Nutrition Services to make a change in their pricing/non-pricing policy. At that time a new pricing policy must be completed, signed, and returned to the CANS office for approval. If changes are made to the existing policy statement (e.g. switching from non-pricing to pricing program), contact the State agency for a new policy statement to complete and return. All local agencies **must** return the appropriate policy statement attachments (letter to participants, free & reduced price meal application and public release). These must be sent to our office even if the local agency plans to use the forms as they are. If that is the case, indicate that on each form. If changes are made to the prototype form, the forms **must be submitted for approval prior to use**.

Attachment A – INCOME ELIGIBILITY GUIDELINES – These are the income guidelines that are to be used by the local agency officials in determining eligibility for free or reduced price meal benefits. This form may not be provided to families applying for free or reduced price meals. This form does not need to be returned.

Attachment B1 – PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS – This form is for **PRICING PROGRAMS ONLY**. This attachment explains the opportunity for families to apply for free or reduced price meals. This attachment along with attachments B3, B4, and B5 **must be** provided to all families in the center. If the local agency operates a pricing program, return a copy of the letter to participants used by the local agency to CANS.

Attachment B2 – NON-PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS – This form is for **NON-PRICING PROGRAMS ONLY**. This attachment along with attachments B3, B4, and B5 **must be** provided to all families in the center if the local agency wishes to claim meals in the free or reduced price category. Exceptions to this are Emergency Shelters, Income Qualified Head Start Children, and At-Risk Snack After School children. Meals may be served to participants in these Programs can be claimed as free without an application on file to support eligibility. If the local

agency is a non-pricing program, return a copy of the letter to participants used by the local agency to CANS as part of the policy statement.

Attachment B3 – BACK PAGE OF APPROPRIATE PARENT LETTER – This form provides families with basic information about the types of income to report and the income guidelines for eligibility. This form **must be** provided to all families applying for meal benefits. **Note:** only the reduced income scale may be included on this attachment. Return a copy of the form used to provide this information to families.

Attachment B4 – FREE AND REDUCED PRICE MEAL APPLICATION – This is the current income application and **must be provided** to families wishing to apply for free or reduced price meal benefits. It is not required that families complete this form but no meal benefits (free or reduced price meals) should be provided without an approved application on file. Return a copy of the application provided to families as part of policy statement. This does not apply to children in Emergency Shelters, Income Qualified Head Start children or children enrolled in the At-Risk Snack After School Program. **NOTE:** Direct certification information that has been given directly to the participant's household by the local food stamp office, TANF office, Food Distribution on Indian Reservations, or "notice of eligibility" from a school-based Program on direct certification, may be submitted to the center or sponsor instead of completing a free and reduced price meal application.

Attachment B5 – FREE AND REDUCED PRICE MEAL APPLICATION INSTRUCTIONS – This is the instruction page (back page) for the application for free and reduced price meals (Attachment B4) and **must be provided** to all families applying for meal benefits. Return a copy of the form used to provide this information to families.

Attachment C – NOTIFICATION LETTER TO PARTICIPANTS FOR PRICING PROGRAMS – **PRICING PROGRAMS ONLY** will use this prototype. This letter must be sent to all participants who have completed an application for free or reduced price meals. The notification must be sent to the participants within the time lines indicated in the Policy Statement. Return a copy of the notification letter used by the local agency to CANS.

Attachment D – CIVIL RIGHTS DATA COLLECTION – Regulations require that racial/ethnic data **be collected annually**. This information must be collected for the area served and for the local agency and be maintained on file for three years beyond the year it was collected. You do not need to return this attachment to Child and Adult Nutrition Services. If you have difficulty collecting the information for the area served you may contact the CANS office for county data.

Attachment E – PUBLIC RELEASE – This is the local agency's copy of the public release that was submitted by the CANS office. This forms does not need to be returned to CANS but should be maintained on file.

Attachment F – RESPONSIBLE PRINCIPALS AND INDIVIDUALS – You must complete and return this attachment. An institution "principal" is considered to be the agency's Owner / CEO / Tribal Chair / Superintendent / or equivalent, and any persons listed in Part 1 of the application (Authorized Representative, Food Service Director, Claim Representative). All institutions participating in the CACFP **must provide** this information. Read the statements that follow the chart. You must have a screening system in place to scrutinize any criminal convictions of board members which may disqualify them from performing administrative functions. You may request a sample certification statement from our office. The Authorized Representative **must sign** at the end of this section.

Attachment G – AGREEMENT CHANGE FORM – This is the form that your agency should use to make any changes to the agreement or application once it has been approved by our office. If you have questions on how to use this form you may contact our office for assistance.